DOCUMENT RESUME

ED 427 276 CG 029 112

AUTHOR	Wickwire, Pat Nellor, Ed.
TITLE	CACD Journal, 1996-1997.
INSTITUTION	California Association for Counseling and Development, Fullerton.
ISSN	ISSN-1052-3103
PUB DATE	1997-00-00
NOTE	69p.; Published annually.
AVAILABLE FROM	CACD Journal Subscriptions, CACD, 2555 E. Chapman Ave., Suite 201, Fullerton, CA 92831; Tel: 714-871-6460 (per issue: $8 nonmember; $4 member).
PUB TYPE	Collected Works - Serials (022)
JOURNAL CIT	CACD Journal; v17 1996-1997
EDRS PRICE	MF01/PC03 Plus Postage.
DESCRIPTORS	Administrators; Attitudes; College Students; Cooperation; *Counseling; *Counselor Training; Disabilities; Elementary Secondary Education; Grief; Group Counseling; Higher Education; Interviews; Parents; Perception; Personnel; Resistance (Psychology); *School Counselors; School Guidance
IDENTIFIERS	Multicultural Counseling; Wellness

ABSTRACT

This issue of the California Association for Counseling and Development Journal reflects counseling at the crossroads: changes and challenges as its theme. The following articles are included: (1) "Attitudes toward People with Disabilities as Expressed by Rehabilitation Counseling and Psychology Students" (L. M. Orange, M. G. Brodwin); (2) "Differences in Perceived Levels of Collaboration between School Counselors and Administrators" (C. M. Kane, N. Ribak-Rosenthal); (3) "The Wellness Paradigm: An Exploratory Study of Graduate Counseling Students" (S. Straffen, P. J. Britton, A. Evans, L. A. Bauhoff, J. Zimmerman, A. Fuchs, N. Taylor); (4) "Multicultural Client Intake Interview Guidelines" (V. N. Noble); (5) "Multicultural Dimensions in Counseling" (M. G. Brodwin, L. O. Mas, C. H. Kimm); (6) "Counseling at the Crossroads: Changes and Challenges" (J. M. Allen); (7) "Measurable Outcomes of Personnel and Guidance Services" (A. M. Mitchell); (8) "A Study of Counselor Education in California" (M. Gerstein); (9) "Guidelines for Counseling Parents of Children with Disabilities" (H. C. Griffin, J. C. Ciechalski, L. Wheeler); (10) "Grief and Loss: Client Resistance in Group Sessions Based on Value and Cause" (G. E. Bennett, R. K. Alvarez); and (11) "Making a Difference" (B. Craft). (MKA)

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The *CACD Journal* is printed by Bixby Knolls Printing & Graphics, Fullerton, CA 92832.

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California Association for Counseling and Development

CACD JOURNAL

Volume 17 1996-97

TABLE OF CONTENTS

The Editor's Message 1
Pat Nellor Wickwire

The CACD President's Message 3
Darryl Yagi

Attitudes Toward People with Disabilities as Expressed by Rehabilitation Counseling and Psychology Students 5
Leo M. Orange and Martin G. Brodwin

Differences in Perceived Levels of Collaboration Between School Counselors and Administrators 9
Connie M. Kane and Nina Ribak-Rosenthal

The Wellness Paradigm: An Exploratory Study of Graduate Counseling Students 17
Sandra Straffen, Paula J. Britton, Angela Evans, Laura A. Bauhoff, Jane Zimmerman, Annette Fuchs, and Nancy Taylor

Multicultural Client Intake Interview Guidelines 25
Vicente N. Noble

Multicultural Dimensions in Counseling 31
Martin G. Brodwin, Luis O. Mas, and Christina H. Kimm

FEATURES

Building the Counseling Profession

Counseling at the Crossroads: Changes and Challenges 37
Jackie M. Allen

Measurable Outcomes of Personnel and Guidance Services 39
Anita M. Mitchell

A Study of Counselor Education in California 41
Martin Gerstein

Professional Practices in Counseling

Guidelines for Counseling Parents of Children with Disabilities 47
Harold C. Griffin, Joseph C. Ciechalski, and Linda Wheeler

Grief and Loss: Client Resistance in Group Sessions Based on Value and Cause 51
Gene E. Bennett and Rhonda K. Alvarez

The Personal Side of Counseling

Making A Difference 55
Bernadine Craft

CACD Journal Guidelines for Authors 59

CACD Leadership Team Directory 61

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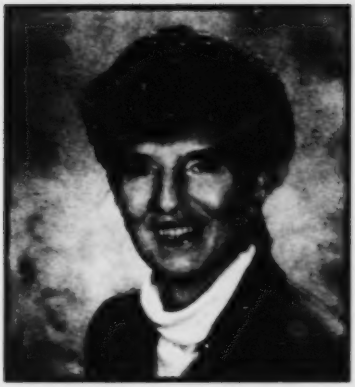
THE EDITOR'S MESSAGE

Pat Nellor Wickwire



Welcome to this issue of the *CACD Journal*! Professionals in counseling continue to explore ways to advance the profession, and to share advancements with others through the pages of our journal. "Counseling at the Crossroads: Changes and Challenges," CACD President Darryl Yagi's 1996-97 theme, is supported by the contributions of our authors.

Leo M. Orange and Martin G. Brodwin stress the significance of attitude, and report on findings regarding the nature of attitudes of students in different human development fields toward individuals with disabilities.

Connie M. Kane and Nina Ribak-Rosenthal present the results of a survey of the perceptions of school counselors and administrators about their collaboration in decision making, allocation of responsibility, and factors influencing collaboration.

Sandra Straffen, Paula J. Britton, Angela Evans, Laura A. Bauhoff, Jane Zimmerman, Annette Fuchs, and Nancy Taylor emphasize the importance of wellness, and disclose the findings of an investigation of dimensions of wellness for a group of graduate students in counseling.

Vicente N. Noble identifies culture-specific and general cultural factors which influence interactions in multicultural counseling, and points out the impact of varying degrees of cultural assimilation on heritage behaviors.

Martin G. Brodwin, Luis O. Mas, and Christina H. Kimm outline demographic changes in the United States, and note the increasing necessity of counselor expertise in diversity-sensitive counseling.

In the continuing feature "Building the Counseling Profession," Jackie M. Allen highlights counselor action in meeting changes and challenges and in creating counseling futures. Anita M. Mitchell, in a reprint from the Winter 1969-70 issue of the *CPGA Journal (CACD Journal)*, introduces the special journal theme of measurable outcomes. Martin Gerstein, in a reprint from the Fall 1968 *CPGA News-Journal (CACD Journal)*, presents recommendations from a study for the California State Legislature to identify alternative methods of expanding programs for training vocational counselors.

In the continuing feature "Professional Practices in Counseling," Harold C. Griffin, Joseph C. Ciechalski, and Linda Wheeler suggest guidelines for assisting children with disabilities, including conferencing by counselors and intervention by parents. Gene E. Bennett and Rhonda K. Alvarez stress the importance of counselor sensitivity to client perceptions of value and cause in grief and loss counseling.

In the continuing feature "The Personal Side of Counseling," Bernadine Craft presents a perspective on purpose and people in making a difference.

Collectively and individually, we perceptualize, conceptualize, and generalize attitudes, understandings, knowledge, and skills in seeking and creating the best possible counseling opportunities for our clients. Through professional writing, we reflect our pursuit of the best.

Be part of the action. Join in sharing your insights, opinions, feelings, and information in future issues of the *CACD Journal*. You are invited!

THE CACD PRESIDENT'S MESSAGE

Darryl T. Yagi

The California Association for Counseling and Development (CACD), a state branch of the American Counseling Association (ACA), provides a wide range of programs and services for professional counselors and human development specialists. Critical to the profession are professional development and opportunities for professionals to contribute towards others' professional growth. The *CACD Journal*, vital to the professional development of CACD members, recognizes members' contributions toward enhancing the counseling and human development profession.

The *CACD Journal* stands alone and is second to none. It is the leading professional counseling journal published in California, as recognized by a journal award from ACA in April 1997. Dr. Pat Nellor Wickwire, who continues to serve as editor for the *CACD Journal* since 1990-91, the Editorial Board, and the individual contributors who have submitted articles, ensure that the *CACD Journal* is at the forefront of the counseling and human development profession.

The *CACD Journal* provides cutting edge articles on counseling and human development. The articles are written in response to professional needs and practitioner concerns. The *CACD Journal* is a strong voice for members to share ideas, experiences, theories, and practices. The *CACD Journal* is a living document of its members; it is for you. As a professional counselor, you have much expertise. Please consider submitting an article.

The *CACD Journal* is an extension of the 1996-97 CACD theme of "Counseling at the Crossroads: Changes and Challenges." May the *CACD Journal* help challenge you and the articles help bring changes for you.

Darryl T. Yagi, High School Counselor, Casa Grande High School, Petaluma, California.

Attitudes Toward People with Disabilities as Expressed by Rehabilitation Counseling and Psychology Students

Leo M. Orange and Martin G. Brodwin

This study measured and compared the attitudes toward people with disabilities of two groups of undergraduate university students: rehabilitation counseling majors and psychology majors. On the Attitudes Toward Disabled Persons Scale (Yuker & Block, 1986), both groups showed positive attitudes toward people who have disabilities; no significant difference was found between the two groups. Results have relevance for counselors and educators.

The 1990 Americans with Disabilities Act (ADA) is landmark legislation protecting the legal rights of people who have disabilities. This legislation is remarkably comprehensive and prohibits discrimination on the basis of disability in areas such as employment, activities of governmental agencies, public and private transportation, public accommodations, and telecommunications. With the enactment of the ADA, there has been increased mainstreaming and integration of people with disabilities into all phases of American society (Orange & Brodwin, 1993; West, 1991). Counselors and educators need knowledge, skills, and positive attitudes to work effectively with their clients who have disabilities.

The attitudes of society toward people with disabilities may determine how well the public accepts the intent of this new and innovative legislation. Studies have shown that other people's attitudes and actions toward persons with disabilities are strong determining factors in how these individuals will adjust (Cook, 1992; Marinelli & Dell Orto, 1991; Perry, 1987; Yuker, 1992). The study of attitudes is particularly important in the fields of rehabilitation counseling and psychology because the attitudes of students preparing to become counselors and psychologists will significantly impact the quality of services they, as professionals, will provide their clients. Educators need to do all they can to instill positive attitudes in their students; counselors must understand their own attitudes and actions when providing services to clients who have disabilities.

A crucial issue facing Americans with disabilities involves the beliefs, feelings, and behaviors of others toward them. Attitudinal research (Cook, 1992; Yuker & Block, 1986) has shown that negative attitudes toward persons with disabilities may be more "handicapping" than the disabilities themselves.

Persons who possess attributes that are viewed negatively by the prevailing group in a society tend to be devalued by that society. Such attributes may pertain, for example, to cultural identity, physical appearance, and intellectual functioning. Even with the increased awareness of society through government legislation and greater

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visibility of people who have disabilities, attitudes have changed little in recent years (West, 1991). As noted by McDonough (1992), "Americans in society have a negative attitude about the disabled in general and those in the workplace in particular" (p. 58). Counselors and educators need to be aware of the effect of negative attitudes when providing services for their clients with disabilities.

Hypotheses for this study were that undergraduate rehabilitation counseling majors would have significantly more positive attitudes toward people with disabilities than undergraduate psychology students, and that psychology students would have neutral or negative attitudes. The rationale for these hypotheses is that students entering rehabilitation counseling programs have chosen to work with persons with physical disabilities, whereas it can be conjectured that the majority of psychology students plan to work with individuals who do not have physical disabilities.

Method

Participants

The 30-item questionnaire was completed by 73 undergraduate students with declared majors in (a) rehabilitation counseling and (b) psychology at a large urban university. Thirty-six of the participants were declared majors in rehabilitation counseling taking an introductory rehabilitation class while 37 were declared psychology majors in an introductory psychology class. Each class was taken by declared majors only; most of the students were in their second year of college.

Instrument

The Attitudes Toward Disabled Persons Scale (ATDP) (Yuker & Block, 1986) was selected to measure the general attitudes toward people who have disabilities. This scale is widely accepted and has been found to have validity and reliability (Elston & Snow, 1986; Evans, 1976). The ATDP is a Likert-type scale containing 30 statements that refer to persons with physical disabilities in general ways (e.g., feelings, work abilities, marriage, interactions with people who do not have disabilities). Participants respond to each questionnaire item on a 6-point scale; a single attitude scale is derived. The scores range from 0 to 180, with the higher scores indicating positive attitudes.

Procedure

The ATDP Scale is an untimed test that was administered to an undergraduate rehabilitation class and an undergraduate psychology class during the 1993 fall term. The instructor of each class read the directions in the same manner; students completed testing in about 15 minutes. A high score on the test indicates that the respondent perceives people with disabilities as similar to nondisabled individuals (positive attitudes). A low score indicates the respondent sees persons with disabilities as different from nondisabled (negative attitudes).

Results

This study investigated whether a difference exists in the attitudes expressed toward people with disabilities by undergraduate counseling majors and by psychology majors. The study also tested whether the two groups had positive, neutral, or negative attitudes toward the referent group.

Analysis of variance (ANOVA) was used to compare the attitudes of the two groups. The results indicated that there was no significant difference between the

groups ($F = 2.74$, $p = .10$). The means of the two groups were slightly different, with the rehabilitation counseling students scoring 8 points higher on the average than psychology students.

Overall, both groups reported positive attitudes toward people with disabilities. The mean score for the rehabilitation counseling group was 132 (with a standard deviation of 20), while the mean for the psychology students was 124 (with a standard deviation of 17). A mean score of 90 would indicate neutral (neither positive or negative) attitudes. Scores above 110 are indicative of positive attitudes.

Discussion

The failure to find a significant difference between the attitude scores of rehabilitation counseling majors and psychology majors over the total test was unexpected. It was hypothesized that aspiring rehabilitation students would manifest significantly more positive attitudes toward the persons for whom they will be providing services than would psychology students. This belief was based on the assumption that students who are drawn to careers in rehabilitation will stand out from their peers for the vigor of their humanistic concerns regarding people with physical disabilities.

Results indicated, however, that both groups held positive attitudes toward people with disabilities. Evident in the rehabilitation literature is the thinking that has consistently noted the commitment of the profession of rehabilitation to a strong positive regard for individuals who have disabilities (Brodwin, Orange, & Brodwin, 1994; Trieschmann, 1988; Vash, 1994). The results of the present study suggest that psychology students also hold these positive attitudes. To the extent that present attitudes are linked with future behavior toward persons with disabilities, this study's findings that both rehabilitation counseling students and psychology students have positive attitudes is gratifying. This information will be helpful to both counselor educators and those educators in psychology, as well as practitioners in each field.

A confounding variable may have contributed to the results of this study. The undergraduate program in rehabilitation counseling is taken by students who want to major in the health and human services fields. On closer examination, however, it was found that many of these students do not intend to work specifically with individuals who have physical disabilities. The two groups of students in the study may be more similar in their future career goals than anticipated by these researchers. Replication of this study with graduate students in rehabilitation counseling (students who have specifically chosen careers in working with clients with physical disabilities) and graduate students in psychology is suggested.

With passage of the ADA, counselors and educators will be seeing more clients and students with disabilities. These professionals will need increasing understanding and sensitivity to disability and disabling conditions. This study suggests that this may already be occurring even in students who have not chosen a career path directly involved with helping persons who have physical disabilities. Nonetheless, counselors and educators need to continue to develop and maintain positive attitudes and a broad knowledge-base toward this population. Those professionals who have positive, nonprejudicial attitudes can facilitate change in clients and in society in general, as well as serve as role models for their colleagues.

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Differences in Perceived Levels of Collaboration Between School Counselors and Administrators

Connie M. Kane and Nina Ribak-Rosenthal

Empirical data on the degree and type of collaboration between school counselors and administrators were collected. Counselors and administrators in K-12 schools rated their collaboration with each other in actual situations, and identified what they believed would be ideal. Group responses differed significantly, with members of each group believing they collaborate more than the other group perceives them doing.

School counselors need to be more deliberate in initiating communication and collaboration with teachers, parents, and administrators (Cormany & Brantley, 1995; Dougherty, Dougherty, & Purcell, 1991; Rye & Sparks, 1991). Specific school functions for which such collaboration has been recommended include discipline, curriculum, and suicide prevention (Cormany & Brantley, 1995; Malley & Kush, 1994; Norman, 1985).

Although definitions of collaboration vary, they are more alike than different. West and Idol (1993) defined collaboration as "an interactive planning, decision-making, or problem-solving process involving two or more team members" (p. 679). Friend and Cook (cited in Welch et al., 1992) defined it as "a style for interaction between at least two co-equal parties voluntarily engaged in shared decision-making as they work toward a common goal" (p. 2).

Impediments to collaboration have also been identified. Kaplan (1995) proposed that school counselors and administrators come from different practice models which, in turn, make it difficult for them to agree on goals. He argued that counselors tend to see students' mental health as their primary concern, whereas administrators' first concern is their academic progress. One of the implications of these differing views is that counselors may present counseling as an ancillary service that only indirectly supports students' learning, while administrators may believe that the primary purpose of counseling is to support academic achievement directly.

Empirical research is lacking in the literature on collaboration between school counselors and administrators. Authors, however, have expressed their opinions with conviction and with support from other authors (Cormany & Brantley, 1995; Dougherty, Dougherty, & Purcell, 1991; Rye & Sparks, 1991). Models for effective collaboration have been offered, based on theory (Welch et al., 1992). Nevertheless, there is a vacuum of empirical data to answer the following questions: (a) Do counselors and administrators collaborate now? (b) Do they believe that they need to collaborate? and (c) What factors do they believe facilitate or impede collaboration? These are the research questions for this study.

Method

Participants

Participants in this study were 58 school counselors and 82 administrators. The counselors were 22 males and 36 females, ranging in age from under 26 to over 55, with the median age range 46-55. Ethnic identities claimed by the counselors included 3 African

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Americans, 1 Asian American, 45 Caucasians, 5 Hispanic/Latinos, 1 Native American, and 3 unspecified. Their highest academic degrees included 11 baccalaureates, 36 masters, 3 doctorates, and 8 unspecified.

The administrators were 40 males and 34 females, also ranging in age from under 26 to over 55, with the median age range 46-55. They identified their ethnic backgrounds as 3 African American, 69 Caucasian, 5 Hispanic/Latino, 1 Native American, and 4 unspecified. All respondents were employed in the K-12 environment in the central valley of California.

Instrument

A 43-item questionnaire entitled "Collaboration between School Counselors and Administrators Survey" was designed by the authors for this investigation. It was based on a review of the literature, as well as narrative responses reviewed from counselors and counselor educators to a 4-item open-ended survey conducted via the internet.

The first seven items asked for demographic data. The other three sections of the questionnaire included items related to collaboration in decision making, allocation of responsibility, and factors influencing collaboration. For each item, respondents were asked to rate their perceptions of actual and ideal situations on a 5-response Likert-type scale.

For items 8-18, respondents indicated whether decisions were made by (a) administrators without consultation, (b) administrators after consultation, (c) administrators and counselors sharing equally, (d) counselors after consultation, or (e) counselors without consultation. Similarly, for items 19-26, respondents indicated whether particular functions were implemented by (a) administrators without help from counselors, (b) administrators with help from counselors, (c) administrators and counselors sharing equally in the responsibility, (d) counselors with help from administrators, or (e) counselors without help.

For items 27-43, respondents indicated the degree to which collaboration was influenced by various factors. Again, they used a Likert-type scale with five response choices: (a) inhibited greatly, (b) inhibited somewhat, (c) not influenced, (d) facilitated somewhat, and (e) facilitated greatly. In each case, they were asked to indicate their perception of their current actual situation and their perception of the ideal situation.

The decisions rated for collaboration were overall school goals, discipline policies, enrollment policies, attendance policies, parent-school interaction plans, master schedule, counseling program goals, guidance curriculum, the number of counseling positions, counselor's job description, and priorities for the counselor's time. The responsibilities evaluated were implementation of discipline policies, enrollment policies, attendance policies, parent-school contacts, class scheduling, guidance curriculum, counseling program, and personnel selection. Factors rated for their degree of influence on collaboration were philosophy of K-12 education, professional competence, managerial style, knowledge of each other's roles, perception of each other's competence, communication skills, daily interaction, weekly meetings, formal training in collaborative relationships, and administrator's knowledge of counseling theory and techniques.

Procedure

The questionnaires were mailed directly to administrators and counselors at all rural and urban schools in six counties of the central valley of California. A total of 596 surveys were sent to 337 administrators and 259 counselors; 145 responses (24%) were returned. Five of the returned surveys could not be used because respondents did not identify their professional role, leaving a total of 140 valid surveys (23.5%). Not all respondents completed every item.

Chi-square analysis of the differences between counselor and administrator responses was conducted with the categorical data obtained from survey items 8 thru 26, in which respondents rated collaboration on school decisions and implementation of responsibilities in actual and ideal situations. For the continuous data obtained from items 27 through 43, in which respondents indicated the degree of influence on collaboration that they perceived coming from each factor, responses of counselors and administrators were compared statistically using an independent *t* test.

Results

Chi-Square Comparisons of Administrator and Counselor Responses

Actual situations. Chi-square comparisons of administrator and counselor responses about actual situations indicated significant differences in perceptions of who makes decisions regarding enrollment policies, implements the class schedule, and implements the guidance curriculum (see Table 1).

Table 1

Significant Differences In Administrator (A) and Counselor (C) Perceptions of Actual Behavior

Behavior	Allocation of Responsibility										χ^2
	A without consultation		A with consultation		Shared equally		C with consultation		C without consultation		
	n	%	*n*	%	*n*	%	*n*	%	*n*	%	
Determine enrollment policies											7.90*
Administrators	49	70	11	16	10	14	0	0	0	0	
Counselors	31	54	12	21	9	16	5	9	0	0	
Implement class scheduling											16.30**
Administrators	39	57	13	19	6	9	6	9	4	6	
Counselors	14	26	9	17	9	17	12	22	10	19	
Implement guidance curriculum											12.21*
Administrators	6	9	14	22	18	28	20	31	6	9	
Counselors	9	16	4	7	7	13	24	44	11	20	

*$p < .05$ **$p < .01$

Ideal situations. Counselors and administrators differed significantly on seven items asking for their perceptions of ideal situations. These included who determines enrollment and attendance policies, the master schedule, the number of counseling positions, priorities for counselors' time, and implementation of the class schedule and the guidance curriculum. In each instance, responding counselors saw themselves as ideally having greater responsibility for determining what occurs (see Table 2).

Table 2

Significant Differences In Administrator (A) and Counselor (C) Perceptions of Ideal Behavior

Behavior	Allocation of Responsibility										χ^2
	A without consultation		A with consultation		Shared equally		C with consultation		C without consultation		
	n	%	*n*	%	*n*	%	*n*	%	*n*	%	
Determine Enrollment policies											11.17**
Administrators	31	49	18	29	14	22	0	0	0	0	
Counselors	13	24	17	32	21	39	3	6	0	0	
Attendance policies											16.25**
Administrators	31	49	14	22	17	28	0	0	0	0	
Counselors	9	17	26	48	18	33	1	2	0	0	
Master schedule											9.59*
Administrators	22	37	18	31	16	27	3	5	0	0	
Counselors	13	24	21	39	24	44	2	4	0	0	
Counseling positions											26.18**
Administrators	13	25	24	45	15	28	1	2	0	0	
Counselors	0	0	14	26	33	62	4	8	2	4	
Counselor priorities											11.57*
Administrators	1	2	13	19	36	53	15	22	3	4	
Counselors	0	0	5	9	20	36	25	45	6	11	
Implement class schedule											22.57**
Administrators	25	45	10	17	17	29	5	9	1	2	
Counselors	4	8	11	21	19	36	15	23	7	13	
Implement guidance curriculum											12.21*
Administrators	6	9	14	22	18	28	20	31	6	9	
Counselors	9	6	4	7	7	13	24	44	11	0	

*$p < .05$ **$p < .01$

T-Test Comparisons of Administrator and Counselor Responses

Actual situations. Significant differences appeared on six items regarding perceptions of the degree of influence played by various factors in actual situations. These included the administrators' philosophy of education, professional competence, managerial style, knowledge of the counselor's role, knowledge of counseling theory and techniques, and communication skills. In each instance, responding administrators perceived collaboration to be facilitated to a significantly greater degree (see Table 3).

Table 3

Significant Differences In Administrator (A) and Counselor (C) Perceptions of Influencing Factors in Collaboration

Influencing factor	A *M*	C *M*	*df*	*T*-value
Actual situation				
A's philosophy of education	3.90	3.03	120	3.03**
A's professional competence	3.97	3.51	118	2.09*
A's managerial style	3.91	3.19	119	2.99**
A's knowledge of counselor's role	3.88	3.40	119	2.10*
A's knowledge of counseling theory	3.60	3.06	118	2.50**
A's communication skills	4.03	3.43	118	2.60**
Ideal situation				
A's philosophy of education	4.29	3.90	109	2.06*
C's philosophy of education	4.31	3.98	119	1.95*

*$p < .05$ **$p < .01$

Ideal situations. Comparisons of administrators' and counselors' perceptions of the degree of influence played by various factors in ideal situations resulted in two significant differences: administrators' philosophy of K-12 education and counselors' philosophy of K-12 education. Administrators perceived these factors to be significantly more influential to collaboration than did counselors (see Table 3).

Discussion

With regard to their actual situations, school counselors and administrators differed significantly in perceptions of collaboration in determining enrollment policies and in implementing the class schedule and the guidance curriculum. Counselors perceived that they have more input into enrollment policy decisions than administrators recognized. There may be several plausible explanations for this difference. One possibility is that counselors exert influence on administrators in more subtle ways, perhaps introducing an idea in the midst of a meeting that is adopted and acted upon by the administrator later without recognition that it originated with the counselor. Another possibility is that counselors are aware of trying to influence enrollment policies and, in order to resolve cognitive dissonance that would follow if they saw their efforts as futile, persuade themselves that they have more influence than they actually do. Counselors, as a group, may have a positive value on collaboration and want to believe that they are acting on

that value; alternatively, administrators may place a higher value on acting independently on such responsibilities and may want to believe that they are acting on that value. Since no attempt was made in this study to ascertain whether any of the administrators and counselors who responded to the survey actually work together, they could be reporting on different settings with different dynamics.

In describing their actual situations, administrators indicated a perception that they assume most of the responsibility for implementing the class schedule, even though counselors saw it differently. Counselors expressed a belief that they have most of the responsibility for implementing the guidance curriculum, even though the majority of administrators perceived that they have at least half, if not more, of this responsibility. The possibilities just considered with regard to enrollment policies may be equally relevant for these differences. Each person may be more aware of his or her own efforts than of anyone else's and may, therefore, see his or her own responsibility as greater than others perceive it to be. Respondents may have answered in what they believe to be the socially desirable manner. And, it is possible the two respondent groups were, in fact, describing discrete environments.

The significant differences in counselor and administrator descriptions of ideal situations suggest that counselors want greater input than administrators think they should have into decisions on enrollment policies, attendance policies, master schedules, the number of counseling positions, and priorities for a counselor's time; and in implementation of the class schedule and the guidance curriculum. These findings seem to support the appeals in the literature for greater communication and collaboration between these two groups. Findings also point to needs to recognize that some administrators may not be as convinced of this need as counselors are, and to ask whether some counselors are setting their hopes and expectations too high. Certainly, results of this study encourage efforts to deepen awareness of each group's perspective and to work toward greater satisfaction of everyone's preferences.

In considering factors that influence actual collaboration, administrators and counselors differed significantly on six factors. In each of these cases, administrators perceived their knowledge or skills to be more helpful to collaboration than counselors perceived them to be. Possible explanations are that administrators' perceptions of their positive influence are exaggerated, that counselors are unaware of the extent of administrators' efforts and influence, that counselors found it difficult to give administrators the credit they deserved, and that the two groups were describing different actual situations.

In their description of ideal influences on collaboration, respondents differed significantly on only two factors: administrator's philosophy of K-12 education and counselor's philosophy of K-12 education. Administrators appeared to want these factors to have stronger positive influences on collaboration. Perhaps this difference indicates a difference in the degree to which administrators consider a philosophy of education to be the basis for their work. Counselors may place greater emphasis on counseling theory or a philosophy of human nature. This would be consistent with the conflict in practice models identified by Kaplan (1995) as a primary source of tension between counselors and administrators.

Limitations of the study must be considered. One has already been mentioned: It was not determined whether the respondents worked in the same settings. Deliberately targeting and gathering the same data from administrators and counselors who work together would make it clear that resulting differences were from differences in perceptions and values rather than situations. Secondly, since all respondents were from the

same geographic region, generalizability to other locations may be limited.

The need for continued research on this issue seems clearly warranted. Additional factors that might be considered include gender, ethnicity, and the specific work setting, that is, elementary, middle, or high school. Even more important may be greater specificity in determining positive and negative influences on collaboration. Any of the factors used in the present study could be a major focus broken down into much greater detail. Philosophy of K-12 education, managerial style, and communication skills are perhaps the more obvious examples. Finally, further efforts to train school personnel in building collaborative relationships and in evaluating outcomes are needed.

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The Wellness Paradigm: An Exploratory Study of Graduate Counseling Students

Sandra Straffen, Paula J. Britton, Angela Evans, Laura A. Bauhoff, Jane Zimmerman, Annette Fuchs, and Nancy Taylor

The wellness of graduate counseling students relative to Hettler's model was explored through the administration of the Lifestyle Assessment Questionnaire at a small liberal arts university. Comparisons with a national reference group reflected higher levels of wellness among the sample group on measures of intellectual, occupational, and spiritual wellness. Results indicated major health risk areas for the students, with the most frequent being overweight (43%). Exposure of counseling students to the wellness paradigm and their individual wellness levels may facilitate the development of a wellness lifestyle for themselves and their future clients.

Counselors have begun to acknowledge the need for proactivity in individual health and well-being. Included in this movement towards wellness is a concern for human functioning from a holistic, developmental, preventive perspective (Ardell, 1990; Brown, Ryan, & McPartland, 1996; Chandler, Holden, & Kolander, 1992; Hettler, 1984; Lightsey, 1996; Myers, 1992; Witmer & Sweeney, 1992). To incorporate a wellness paradigm into the enhancement of a client's potential, Myers (1992) advised that counselors need to be cognizant of their own wellness. In light of this, an exploratory study of graduate counseling students' levels of wellness was conducted at a private liberal arts university.

Hettler (1984), often described as the father of wellness, defined wellness as "an active process through which individuals become aware of and make choices toward a more successful existence" (p.13). He established a model positing that wellness encompasses six dimensions or levels: physical, social, emotional, intellectual, occupational, and spiritual. These six areas are organized in a hexagon, demonstrating the equal importance and interdependent nature of the components. A balance among the areas depicts wellness.

Myers (1992) claimed that a client's potential may best be facilitated when the counselor has begun a process of evaluating his or her own personal wellness and that this self-evaluation will in turn impact therapeutic effectiveness. With these premises, a need for mindful self-awareness of a counselor's own wellness becomes apparent (Pennebaker, 1990). The concept of encouraging counselors to look at their own levels of wellness is one which has been identified and explored for its therapeutic value (Hettler, 1984; Myers,

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1992). The wellness concept, then, suggests that counselors have the opportunity to facilitate their clients' well-being from a holistic perspective while also being provided the opportunity to reassess and enhance the awareness levels of their own well-being.

The purposes of this study were to explore the wellness levels of a sample of graduate counseling students at a private liberal arts university, and to compare the wellness of the sample and a national reference group. Additionally, the intent was to explore the intercorrelations among variables in the sample. This information could lead to the development of interventions aimed at the facilitation of a more balanced wellness level among counseling students.

Method

Participants

The participants for this study were graduate counseling students at John Carroll University, a small private Jesuit university in northeastern Ohio, during spring semester 1994. The sample group was composed of 83 students (12 male and 71 female), ranging from 22-60 years of age. Of this sample, 96.4% were European American, 2.4% Hispanic American, and 1.2% African American.

Procedure

Students were asked to participate voluntarily in this research study after they were provided with an overview of its purpose. They were asked to complete the Lifestyle Assessment Questionnaire (LAQ) during class time.

Participants were apprised that their individual results would remain anonymous, and given the option of requesting confidential detailed personal wellness profiles in packets sealed at the National Wellness Institute (National Wellness Institute, 1981, 1994). This confidential information was not available to the researchers.

Completed LAQs were sent to the National Wellness Institute, which provided researchers with raw data, data analyses, and a description of the reference group for comparison purposes. The reference group was comprised of over 40,000 individuals who have taken the LAQ since 1978. Further analyses, including demographic data, were completed by the authors. The National Wellness Institute (1994) provided computer-generated individual and group reports that described areas of statistical and clinical significance, comparisons to standardized populations, and potential interventions for enhancing individual wellness.

Instruments

Assessment of Wellness. The Lifestyle Assessment Questionnaire (Elsenreth, Hettler, & Leafgren, 1976; National Wellness Institute, 1981) is a comprehensive self-report inventory based on Hettler's (1980, 1984) six dimensions of wellness. The instrument, developed by the National Wellness Institute at the University of Wisconsin-Stevens Point Foundation, is designed to help individuals assess their current levels of wellness and their potential risk of death. The Wellness Inventory is comprised of 185 multiple-choice questions assessing an individual's present lifestyle and well-being and contains four sections: Lifestyle Inventory, Health Risk Appraisal, Personal Data, and Personal Growth. Only the Lifestyle Inventory and Health Risk Appraisal were used for this study.

The Lifestyle Inventory section was developed by asking professionals working in each of the six wellness dimensions to review statements aimed at assessing dimensions of

wellness in behavioral terms. The Lifestyle Inventory measures dimensions of wellness using 11 subscales. The subscales include: (a) physical exercise, commitment to maintaining physical fitness; (b) nutrition, choice of foods that support health; (c) self-care, incidence of behaviors to prevent or provide for early detection of illnesses; (d) vehicle safety, ability to minimize chances of injury or death in a vehicular accident; (e) drug usage and awareness, functioning without the unnecessary use of chemicals; (f) social/environmental, contributions to the welfare of the community; (g) emotional awareness and acceptance, awareness and acceptance of one's feelings; (h) emotional management, control and expression of feelings; (i) intellectual, engagement in creative, stimulating, mental activities, expanding knowledge, and improving skills; (j) occupational, satisfaction and enrichment gained from one's work; and (k) spiritual, ongoing involvement in seeking meaning and purpose in human existence. These subscales were combined to provide scores in the categories of physical, social, emotional, intellectual, occupational, and spiritual wellness.

The Health Risk Appraisal section assesses the impact of lifestyle on the individual's projected lifespan through the use of 42 multiple-choice questions. Research data from the University and the Center for Disease Control were used to develop these scores.

When the LAQ was first developed, the entire instrument was presented to a panel of health promotion and wellness professionals to verify the validity of the instrument's content. Standardization data for the LAQ include test/retest reliability coefficients ranging from .81-.97 and Cronbach's coefficient alpha ranging from .67-.94 (Elsenreth & Fandre, 1982; Palombi, 1992; Richter, 1986). Richter (1986) reported adequate content validity ($r = .98$) relative to the LAQ. A study by Freeman and Gintner (1989) suggested that the LAQ has external criterion validity for the subscales of Emotional Awareness and Acceptance.

Demographic Assessment. Demographic data including sex, marital status, income level, and number of children were collected from all participants. Participants completed a self-report inventory, providing information about their chosen scholastic program, present grade point average, perceived stress levels, employment, involvement in social activities, religion, and career goals.

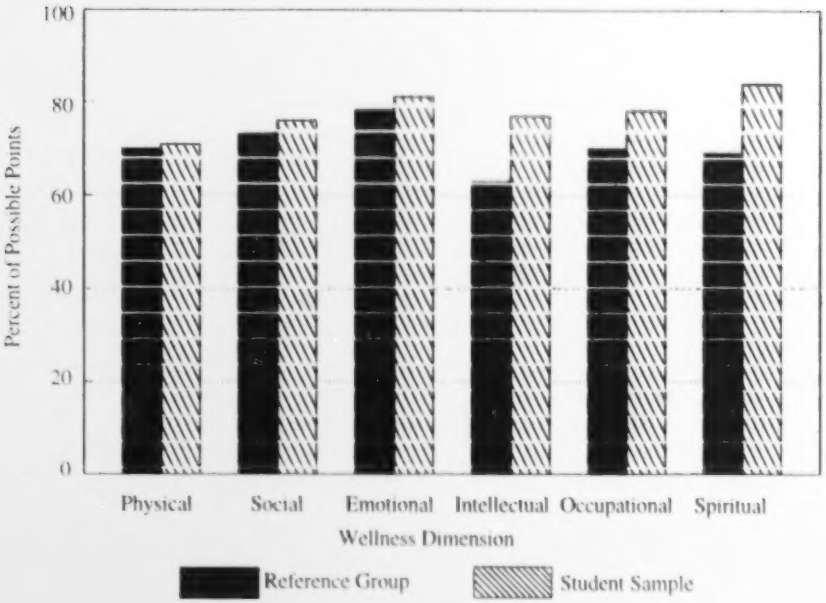
Results

White females comprised the majority of the sample (86%). Of the 83 participants, 40% were single, 39% married, 11% divorced, and 10% cohabitating. Seventeen percent were 22 through 24 years old; 41%, 25-39; 31%, 40-49; and 11%, 50-60. Twenty-five percent of the sample reported annual household incomes of under $20,000 per year; 26%, $20,000 to $40,000; 14%, $40,000 to $60,000; 29%, over $60,000; and 6%, unknown.

Although the sample scored higher than the national reference group on all six dimensions of wellness, there was a pronounced difference in the categories measuring Intellectual, Occupational, and Spiritual Wellness (see Figure 1).

Figure 1

Comparison of the Student Sample to the Reference Group on the Six Dimensions of Wellness



The major risk areas among the sample group included smoking, low rates of seat belt use, body weight at least 10% above ideal body weight, exercising less than once per week, and blood cholesterol levels above 200 mg/dl (see Table 1). Being overweight was identified as a risk factor for 43% of the group, making it the most common risk factor.

Table 1

Major Risk Factors for the Sample (N = 83)

Risk Area	Risk Level	*N*	% of Total
Body Weight	10% or above	36	43.4
Exercise	Less than 1/week	26	31.3
Seat belt use	80% or less	19	22.9
Cholesterol	Above 200 mg/dl	14	16.9
Smoking	Any	13	15.7

Pearson product moment correlation coefficients (Pearson *r*) were calculated to describe and summarize the magnitude of relationships among variables within the sample and the intercorrelations among variables for demonstrated relationships among the dimensions of wellness. Interdependence existed among the wellness constructs (see Table 2). Academic

performance as measured by grade point average (GPA) was found to be significantly positively correlated with aerobic activities ($r = .23, p < .05$), nutrition ($r = .37, p < .01$), the spiritual dimension of wellness ($r = .34, p < .01$), and having children ($r = .55, p < .01$).

Table 2
Intercorrelations Among Demographic Factors and Wellness Dimensions (N = 83)

	Variable					
	GPA[a]	Aerob[b]	Nutrit[c]	Spirit[d]	Chn[e]	OvAll[f]
GPA	---	.23*	.37**	.34**	.55*	.02
Aerobic		---	.44**	.25*	.07	.44**
Nutrition			---	.39**	.12	.56**
Spiritual				---	.21	.20
Chn					---	.21
Overall						---

Note. [a]GPA = Grade point average, [b]Aerob = Amount of aerobic activity, [c]Nutrit = Nutritional wellness, [d]Spirit = Spiritual wellness, [e]Chn = Having children, [f]Ovall = Overall life satisfaction.
*$p < .05$. **$p < .01$.

Additionally, nutrition was significantly correlated with several other factors: aerobic activity ($r = .44, p < .01$), spiritual wellness ($r = .39, p < .01$), and overall life satisfaction ($r = .56, p < .01$).

Discussion

Compared to the national reference group, the student sample is doing as well or better than most in attending to wellness. The finding that the sample scored higher on the dimensions of Intellectual and Occupational wellness may be reflective of the fact that participants in this sample are students, and thus more focused on intellectual and occupational endeavors.

Spiritual wellness emerged as a strong dimension among the participants as compared to the reference group. As the school is a private Jesuit university, attendance may be influenced by religious affiliation.

In the student sample, the most significant health risk factors as a group were body weight, exercise, smoking, and seat belt usage; all but one of these factors are identified cardiovascular risk components. The presence of each risk factor alone is considered significant, and cumulatively the health implications are exacerbated. Clearly, there are some salient risk factors among this sample. An ongoing attention to wellness seems indicated among these counseling students.

The many positive significant correlations among wellness constructs in the students' scores that surfaced through intercorrelational analyses suggested some interesting relationships; for example, analyses established a significant positive relationship between participants' wellness level and academic performance. Participants' grade point averages

were positively correlated with their levels of daily aerobic activity, the diet they maintained, their level of spirituality, and whether or not they were parents. These findings underscore the premise that healthy students, ones that exercise and eat well, do better academically. Thus, it may be helpful to suggest to graduate students that attention to their eating and exercise habits may assist them. Indeed, many graduate students are very busy with careers, families, and commitments and perhaps find it difficult to maintain healthy exercise and eating habits. Finding ways to support them in this process may be indicated.

Having children, according to this study, also positively correlated with grade point average. Perhaps, as parents, these students have a support system that developmental theorists cite as crucial to an individual's growth (Hales & Williams, 1986). Additionally, being a parent and a graduate student require people to be quite organized and cognizant of their life choices. Children may encourage their parent's well-being, enabling them to perform academically.

Results of the study also demonstrated a positive correlation between nutritional and aerobic activities. A balanced diet may provide the essential vitamins and minerals needed to provide required energy to exercise. Furthermore, eating serves several purposes, including socialization, coping with stress, and adherence to religious and cultural values, which may help to explain the positive correlations reported between nutrition and spirituality and between nutrition and overall life satisfaction in the sample. Poor physical health related to poor nutrition may constrict an individual's quality of life and prevent giving and receiving many pleasures, and thereby impact overall wellness (Beck, Rawlins, & Williams, 1988).

Through the repeated demonstration of interrelatedness among the different dimensions and variables throughout the study, the results suggest that fostering further development of any of the six dimensions of wellness may foster development in the other dimensions. Further research is needed to understand the nature of these relationships, with the goals of minimizing the development of risk factors within students and demonstrating the potential value of promoting student awareness of wellness level throughout the educational process.

Overall, this study attempted to assess the wellness levels of graduate counseling students. Exposure of counseling students to the wellness paradigm and their individual wellness levels may facilitate the development of a wellness lifestyle for both themselves and their future clients.

Limitations of the Study

Nonprobability sampling was utilized in this study; therefore, the results may not be representative of counseling students at large. Additionally, no comparisons could be made, since little empirical evidence relative to wellness among counseling students exists.

A larger more diversified sample from a variety of university settings may be beneficial in clarifying the interplay of the six dimensions of wellness in graduate counseling students. Further research could assess how the wellness of the counselor affects outcomes for clients, develop and evaluate interventions aimed at counselors, and further clarify the incorporation of a wellness model into the training of graduate counseling students.

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Multicultural Client Intake Interview Guidelines

Vicente N. Noble

Acculturation, interviewing considerations, sociocultural and general cultural factors, and stressors affect intake interviews with multicultural individuals. They may provide information for the subsequent exploration of culture-specific factors to identify therapeutic problems and issues, and to determine appropriate forms of intervention.

The purposes of this report are to (a) describe factors which may influence general baseline information when conducting the initial assessment of a multicultural person, and (b) briefly describe interviewing considerations which may affect the results of the counseling process. It must be emphasized that the factors described in this guide should not be used to broadly characterize any multicultural individual or group.

Multicultural individuals, like others, will exhibit significant variance between individuals, families, and groups. Some may continue to adhere to traditional heritage values and behaviors, and others may discard their ethnic heritage almost entirely. Nonetheless, these factors facilitate awareness of a multicultural client's relationship to his or her heritage culture, values, and behavior. The resultant information may suggest specific cultural areas which can influence the counseling process.

Information provided in these guidelines will represent only general considerations. Culture-specific information has been described by a substantial number of authors who have addressed counseling considerations (Atkinson, Morton, & Sue, 1989; Boyd-Franklin, 1989; Geisenger, 1992; LaFromboise, Trimble, & Mohatt, 1990; Marin & Marin, 1991; Pedersen, Draguns, Lonner, & Trimble, 1989; Ponterotto & Casas, 1991; Ramirez, 1991; Sue & Sue, 1987; Sue, 1990).

Counselors are encouraged to gain detailed information about specific multicultural clientele to develop culture-specific competence. These guidelines include five major areas: acculturation, interviewing considerations, sociocultural factors, general cultural factors, and stressors.

Acculturation

Acculturation status is one of the most significant factors in the assessment of multicultural clientele, since it can affect both the presentation of the symptoms and the responses to intervention (Gaw, 1982). In general, acculturation may be defined as voluntary or involuntary adaptions to any or all aspects of another culture. Acculturation status may be situation specific. For example, an individual might adapt to specific dominant-culture aspects in particular situations but retain social and psychological heritage culture and identity (Berry, 1980; LeVine & Padilla, 1980; Mendoza & Martinez, 1981; Sanchez & Atkinson, 1983). Sodowsky, Lai, and Plake (1991) recommended that both assimilated and heritage components should be evaluated in determining a person's acculturation status.

Acculturation status can also reflect generational differences or indicate an individual's adaptations on a life continuum of stages of adaptation. Acculturation has been described as various modes by Berry and Kim (1988), including assimilation, traditional, bicultural, and marginal. Transitional is a fifth mode described by LaFromboise, Trimble, and Mohatt (1990). The following are brief, general descriptions of these modes (Dana, 1993).

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The multicultural person in the assimilation mode is one who has moved, often through generational or geographic changes, from the traditional heritage culture. The traditional mode is represented by an individual who functions predominantly within a heritage culture community and who may be significantly separated from dominant societal influences. The traditional mode can also be represented by a second or third generation monolingual English-speaking multicultural person who, aside from occupational and societal interactions, still adheres to many of the heritage cultural values.

The bicultural mode refers to an individual who has selected and integrated significant aspects of the heritage culture and the dominant society. The marginal mode person is one who has not retained the heritage culture or accepted the values of the dominant culture. The transitional mode person is a person who is bilingual and questions traditional values.

Many individuals in the assimilation mode who have adopted dominant cultural values and behaviors are likely to be responsive to dominant-culture services. However, caution should still be exercised. Many seemingly assimilated persons who may be second or third generation monolingual English-speaking, or even individuals who are in the bicultural or transitional modes, may retain modified heritage values and behaviors that are expressed in a dominant-culture manner. This may be presented in communication styles, manners and gestures, adherence to traditional family values, roles, interpersonal conduct, and emotional responsivity to stress. These behaviors can persist for several generations.

Bicultural and traditional mode persons may opt for either dominant-culture or culture-specific services approaches, or a mixture of both. Individuals in the marginal mode may require a problem-specific approach. Recent immigrants, refugees, and persons who live in heritage language-speaking localities and adhere to the traditional mode will generally require culture-specific services and appropriate similar language counselors.

Interviewing Considerations

Counselors in a multicultural relationship should be aware of the influences of their own cultural perspectives (e.g., degrees of directness, action-oriented communication styles, parent-child equality versus structured roles, individualism-independence-self-actualization versus interdependence, and nonverbal behavior).

Counselors must also be sensitive to clients' initial concerns. Dissimilarities between the counselor and the client should be tactfully discussed at the outset to acknowledge potential unspoken client concerns. Additionally, a brief description of the counseling process will help allay any fears or concerns about the counseling process. The initial contact should also include a brief grace period of social talk before addressing the concerns. Directness, immediately addressing a concern without the initial socialization, may be construed by traditional, bicultural, or transitional acculturation mode persons as hasty, rude, and inhibiting conduct.

The use of active listening, as opposed to intensive questioning, can be highly effective in the initial interview. The dimensions of a multicultural person's individual and group identity can be suggested by how the client "tells the story." Ethnic identity has been suggested by Howard (1991) to result from an individual's integration of the racial and/or ethnic aspects of his or her life story.

Sociocultural Factors

Sociocultural factors can affect the process and outcome of acculturation (Berry & Kim, 1988). This may include different characteristics of acculturation groups, such as voluntary or involuntary acculturation, immigrant and/or refugee status, status mobility and aspirations, availability of social-economic acceptability and resources, and support networks.

Moreover, different waves of immigrants have included a number of persons who are college-educated and have financial resources that other waves of immigrants of the same group did not possess. These characteristics can affect status mobility, aspirations, social and economic acceptability, and support networks, and collectively influence acculturation status.

General Cultural Factors

This report, for brevity, includes a few significant general cultural factors that may be encountered in an initial assessment interview with a traditional multicultural individual. These factors are individual and cultural group identity, generational status, geographic location, language, communication and responding styles, individuality, individuality and privacy, and spiritual beliefs.

Group identity, for many traditional multicultural individuals, is an integral part of individual identity, since society's perceptions and reactions to multicultural individuals are based upon first contact by external observations. For example, many Latinos are presumed to speak Spanish, whereas a sizeable number are not Spanish-speaking.

Generational status may also affect an individual's proximity or affiliation with the heritage culture. The offspring of many immigrants, like Americans in general, move away from the immigrant heritage locality. Over time, through dispersion and intergroup interactions or intergroup marriage, individuals may relinquish or lose many aspects of the heritage culture. Nonetheless, culture is taught and transmitted within a family, and many generations of multicultural individuals still retain modified American versions of the heritage culture.

Geographic location can have an effect on the retention of one's heritage identity. Multicultural individuals who reside in predominantly European American communities may consciously or unconsciously adopt the values of that community as an adaptive strategy. Other multicultural individuals may be raised and continue to live in ethnic localities where almost all aspects of the heritage culture are actively practiced. Individuals in these localities may reflect marginal, transitional, bilingual, or bicultural acculturation modes.

Language can obviously have a direct impact on the counseling process. Generally, caution should be exercised, as language and thought are often related (Sapir, 1949; Whorf, 1941), and the heritage language can reflect a view of the world (Torrey, 1986). A bilingual individual who speaks English fluently or a multicultural person who speaks only English will not necessarily share the dominant society's world view. Acculturation may not be directly measured by English language proficiency (Marcos, 1988).

Communication and responding styles are related factors. A number of traditional multicultural groups are accustomed to silence, reflection, and nonverbal cues as part of their communication-responding interactions. Moreover, they may defer to role and gender status and the use of formal salutations to denote respect. LaFromboise (1994) noted that many traditional Native American Indians are taught not to speak loosely, and that advice and suggestion may be considered meddling. Thoughts, feelings, wants, and needs may also indicate collective (the family or group) versus individual expressions. Interactions among some African Americans may require a demonstrative verbal or nonverbal response by a counselor which immediately acknowledges a client's expressions. Many church groups as well as a number of African American churches practice "call and response" interactions. This occurs when a congregation immediately exclaims in response to a minister's remarks.

Individuality, in many traditional multicultural groups, is secondary to the family or collective identity. Family is an important referent, and many traditional multicultural

individuals live comfortably in extended family homes or near the family. Boyd-Franklin (1989) noted that the extended family may go beyond the African American biological family to include close friends, adopted persons, and godparents as an integral part of the intimate kinship structure. Thus, leisure time as well as aspirations may reflect the collective which can supercede individuality. The collective-extended family concept empathizes interdependence over independence. Individuality and privacy, typical American values, are not as highly regarded with traditional multicultural groups. A counselor, in this respect, should evaluate theoretical approaches that emphasize the individual without regard to social (family or collective) considerations.

Traditional individuals may also perceive their aspirations as an aspect of the collective because it is the collective which endorses these aspirations. Individual efforts will often be fully supported by the family. However, those who have different individual aspirations or goals may encounter opposition and isolation by the family and experience guilt, shame, and feelings of disloyalty.

Spirituality and beliefs about life are often integral aspects of existence for traditional multicultural individuals. Personal contact and relationships with people and nature are customarily accorded more importance than procedures, the immediate conduct of business, or punctuality. LaFromboise (1994) noted that, among some traditional Native American Indians, the concept of time is when the "time is right." Controlling or conquering the environment or relationships, for these individuals, is not a priority among traditional groups. Consequently, when traditional multicultural persons meet one another, they will often make time to socialize upon contact at the possible expense of being late for an appointment. Similarly, goal attainment may not be as highly prized in this context as the experience of life's process. LaFromboise (1994) also noted that, among traditional Native American Indians, a sense of emergence is more significant than a drive for goal attainment.

Stressors

Smith (1985) described experiences that have created considerable stress for many multicultural individuals, including outgroup status, status inconsistency, being over-observed, isolation, tests of loyalty, and role entrapment. Outgroup status is the perception of rejection which may be presented in overt or covert verbal, behavioral, discriminatory, or physical acts, for example, acts against women enrolled at a former all-male school. Status inconsistency is manifested by reactions to multicultural individuals whose status does not conform to stereotypes, for example, an African American physician who is perceived by patients or visitors as an orderly. Over-observation may be noted where there is high visibility and little or no anonymity, a fishbowl effect creating undue caution or situational sensitivity about one's behavior or expressions.

Isolation is described as a condition where an individual may be physically isolated or deprived of important information or the ramifications of information. Tests of loyalty are situations in which multicultural individuals are confronted with conflict about their identity in an "us versus them" situation. For example, individuals in the workplace may hear negative, stereotypical comments that deride their heritage community and may be forced to defend their heritage or remain silent and indicate tacit approval. Role entrapment is another condition in which generalized attributes are ascribed to members of various groups. Women are experiencing this in formerly all-male occupations, and multicultural individuals are encountering barriers in other areas, for example, Asian Americans aspiring to the arts. Overall, these stressors can result in higher levels of daily stress and anxiety which can affect a person's integrity, identity, performance, aspirations, feelings, mood, and interpersonal relationships.

Summary

Valid general assessment information for multicultural individuals results from taking into account multiple factors regarding acculturation, interviewing considerations, sociocultural and general cultural factors, and stressors. The identification of these factors can serve as a general baseline for the subsequent assessment of more comprehensive information, such as the influence of culture-specific factors. The resulting data should produce more accurate descriptions of therapeutic issues and problems, as well as provide assistance in determining appropriate forms of intervention.

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Multicultural Dimensions in Counseling

Martin G. Brodwin, Luis O. Mas, and Christina H. Kimm

Development of diversity-sensitive counseling for counselors offering services to multicultural clients is essential. Counselors need awareness, positive attitudes, sensitivity, and knowledge of different cultures to be able to provide effective services to this client population.

A new American culture for the next century is emerging, one where diversity and pluralism stand as hallmarks of our society. Counselors need to have the capabilities to serve a wide diversity of multicultural clients effectively. Many professionals believe that minority clients are best served by counselors from the same or similar cultural backgrounds. This concept is based on the premise that counselors who are not from minority backgrounds will be insensitive to differing cultural viewpoints; this will produce barriers to effective counseling (Neimeyer & Fukuyama, 1984). A different way to view this situation is to assess the type of multicultural education that counselors receive and their understanding of and sensitivity toward individuals from varied cultural backgrounds. Mas and Brodwin (1996) emphasized the importance of looking at the type of multicultural education the counselor received in a educational curriculum and his or her understanding of and sensitivity toward individuals from minority backgrounds.

Multicultural Clients

The terms "multicultural" or "minority" encompass a large and diverse population of individuals which include not only those traditionally considered multicultural, such as African American, Hispanic (Latino), Asian American, and Native American, but also people who have disabilities, the elderly, recent immigrants, women, persons with AIDS, among others. There are many definitions of what comprises a minority group. The definition used in this article is the following: "A group of people who, because of physical or cultural characteristics, are singled out from others in the society in which they live for differential and unequal treatment, and who therefore regard themselves as objects of collective discrimination" (Wirth, 1945, p. 347). Throughout this article, the words minority and multicultural are used synonymously.

An individual may belong to several minorities. A female of Hispanic descent with a physical disability who is a recent immigrant from Central America is an example. A second example is a person who is recovering from cancer, is elderly, and is an Arab American. As stated by Hong (1995, p. 62), "Asian Americans with disabilities are a minority within a minority facing double prejudice." He cited the example of a minority person with a disability finding it difficult to mainstream in American society because of discrimination. Hong called for societal institutions to provide culturally sensitive services to minority people and to individuals who have disabilities. Counselors need to be resourceful in locating appropriate services, and also need to be prepared to play the role of advocate for multicultural clients.

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Cultural Diversity in the United States

Education

Schools are becoming more diverse. By the beginning of the next century, over 30% (K-12) of students will be students of color. Currently, these students make up over 50% of the student population in two states, California and Texas. A larger percentage of students in every state will be from African American, Hispanic, and Asian American groups, with a smaller percentage comprised of White American students. In 16 of the largest 25 urban areas, people from minority cultures now comprise the majority culture (Gollnick & Chinn, 1994).

Employment

Racial and ethnic minorities constitute an increasing proportion of the workforce in this country. Persons from multicultural backgrounds will continue to be an increasing segment of the future American workforce. By the year 2000, workers from multicultural backgrounds will make up more than 15% of all employees in American society (Johnston & Packer, 1987). Also, the proportion of women and persons with disabilities in the workforce will continue to increase; currently, about two-thirds of the new entrants to the labor market are female (Gardenswartz & Rowe, 1993; Loden & Rosener, 1991; National Institute on Disability and Rehabilitation Research, 1993).

Throughout the 1990s, people of color, women, and recent immigrants accounted for 85% of individuals entering the labor force. By the beginning of the next century, 65% of all women will be gainfully employed; they will make up almost 50% of the workforce. Predictions suggest that the population during the next 20 years will increase by 42 million people. Of this number among the minority population, 47% will be of Hispanic origin, 22% will be African American, and 18% will be Asian American (Johnston & Packer, 1987; Loden & Rosener, 1991).

Counselor Competence with Multicultural Clients

Counselors must be competent with and develop sensitivity to multicultural clients. Additionally, cultural competence and sensitivity need to be developed and applied to all services that are being provided (Brodwin, 1995; Pederson & Ivey, 1993; Weinrach & Thomas, 1996). When counseling minority persons who have disabilities, the counselor must have sensitivity to both minority and disability issues. As stated by Locust (National Institute on Disability and Rehabilitation Research, 1993), in a discussion of counseling minority clients and those with disabilities, "If what you [the counselor] are going to do with a client is unacceptable in his culture or renders him unacceptable to other members of his culture, you can't do it, even if you consider it common rehabilitation practice" (p. 1).

Counselors who hold world views different than their clients hold and who are unaware of the basis for these differences are more likely to attribute negative traits to these clients (Sue, 1990). Sue defined "world view" as the way in which a person perceives his or her relationship to the world.

Certain essential elements should be considered when selecting an effective counselor. These elements include:

1. Does the counselor understand, appreciate, and respect cultural diversity?
2. Has the counselor developed an effective and appropriate belief system to intervene effectively in multicultural situations?
3. Does the counselor have the professional preparation, including courses in multiculturalism, as well as familiarity with literature on multicultural counseling and pro-

fessional publications that focus on cultural diversity and lifespan issues? (Baruth & Manning, 1991, p. 56)

Rogers (1961) described an acceptance model specifying that the more a counselor can accept a client's behavior, the better will be the counselor's emotional growth and development. He recommended both modifying the environment and modifying the self. If making a change toward acceptance is a goal for more effective counseling, the type of training the counselor receives in ethnic issues, multiculturalism, and race relations will be one determinant of counselor effectiveness.

Counselor Education

Educating the counselor in multicultural issues can serve as a cornerstone to defining or redefining the counselor's individual world view to include understanding cultural differences that may be present within the counseling relationship. Counselor education programs at many colleges and universities require courses in multicultural counseling (Brodwin & Havranek, 1996). This material needs to be infused throughout counselor education curricula for counselors to learn how to apply the principles and techniques of working with multicultural clients in a nonbiased manner in the various aspects of counseling and delivery of services.

The number of resources the counselor has available for the client for planning purposes is another important factor for the effective multicultural counselor. Important resources useful for counseling with multicultural populations include:

1. Research-based findings on the cross-cultural counseling process.
2. Published accounts of personal experiences in multicultural counseling by other counselors.
3. Personal accounts reported by other multicultural counselors.
4. The counselor's own experiences with culturally different clients.
5. The counselor's professional, cultural, and personal sensitivity. (Draguns, 1996)

Every counselor would benefit from having a file of information and material in each of these areas. The counselor who can develop and use research-based information accounts by other professionals, personal accounts, openness to different cultural traditions, and sensitivity may be in the best position to counsel individuals from any ethnic group, regardless of his or her cultural background. Continuing growth and development as a professional will be enhanced.

Multicultural Services

Social Services

Brodwin, Hong, and Soriano (1992) described the importance of human service professionals being fully aware of the obstacles faced by ethnic minority clients. Obstacles include the lack of full access to education, employment, and social services. Counselors need awareness of the services available to minorities living in the inner city; they also need knowledge of bilingual services available to clients who have not acquired proficiency in the English language. Unless the counselor can locate the appropriate resources for the client, the chance for successful counseling intervention will be seriously impeded.

Schools

The concepts of culture, cultural pluralism, and equity need to be implemented in the formal school setting at all educational levels, elementary through higher education. Multicultural education is an educational strategy in which the students' cultural backgrounds are seen as not only positive but also essential to the school learning environment.

Counselors working in schools need to address the needs of children from minority culture backgrounds in an effective manner because these children face more than the normal challenges to their success and self-esteem. More information in the professional literature to address the needs of this population is crucial. Also, more resources need to be available about specific minority groups. Counselors need to seek out resources that will help guide them in working with minority culture students (Gibbs, Huang, & Associates, 1989; Muro & Kottman, 1995).

Recommendations for Counselors

1. Always see the client as an individual first; avoid prejudging people different from oneself. Never stereotype or categorize a client.
2. Considering our many individual differences, including age, gender, economic status, lifestyle, vocational background, and so forth, most relationships can be seen as multicultural.
3. Learn to value, appreciate, and respect cultural diversity; practice cultural sensitivity and awareness.
4. Advocate for fairness, equity, and equality for all peoples.
5. Communicate with each client responsibly and clarify multicultural issues rather than making assumptions.
6. Make it clear to your clients, as well as fellow professionals, that you value diversity and do not tolerate discrimination.
7. Build multicultural professional teams that work together on projects of mutual interest.
8. Become involved in learning about cultures other than your own.
9. Attend professional seminars and workshops involving multicultural issues.
10. Explore ways your counseling can become more effective for multicultural clients.
11. Attempt to categorize your cultural responses as to which interactions were effective and which were ineffective.
12. If a client's culture is not relevant to the counseling problem, do not introduce it as an issue.
13. Always remember that there are more similarities than differences across cultures.

Conclusion

Counselors must develop expertise in working with clients from multicultural backgrounds. This expertise includes sensitivity, a strong knowledge base, proper resources, positive attitudes, and a willingness to accept or at least understand cultural traditions that are different from one's own. Counselor understanding of the wide variability of beliefs within each culture and the greater variability within groups than between groups will help toward the goal of diversity-sensitive counseling.

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"One criterion used to define a professional organization is that members of the group share their ideas. We need to write and to share our ideas with our colleagues through the journals and the newsletters of our association."

– Donald G. Hays

• • •

"You, Too, Can Write!"
CACD JOURNAL
1985
Fullerton, California

Feature . . .
Building the Counseling Profession . . .

"Building the Counseling Profession" highlights significant events and offerings in the history and the development of the counseling profession in California.

Counseling At The Crossroads: Changes and Challenges

Jackie M. Allen

Counselors can meet changes and challenges, and create the future of the profession.

"Counseling at the Crossroads: Changes and Challenges," the theme of the 1997 California Association for Counseling and Development Convention, describes the position in which we find ourselves in the transient present. We are at the crossroads on a journey from the past to the future. Arriving at the crossroads, we stop and consider the many roads, leading in many directions, and most often to unknown destinations. We struggle to see over the horizon for the vision of tomorrow. We conscientiously watch the trends. We focus on every word of the futurists. Yet, still in the present, we continue to experience the environmental changes which surround us.

We strive not to be prisoners of our own history. We know where we have been but are unsure of where we are going. Is it possible that we will miss our future because of our past? Handy (1996) characterized the world as an empty space to be filled. We can choose to fill that world or ignore it and leave a gaping cavern. We can build a bridge to the 21st century or leave the way uncharted. We are free to test our own ideas, develop our own scenarios, and create a future.

Life, work, and organization can change, do change, will change. We can become prophets, embracing the future in self-fulfilling prophecies. Surely it is more exciting to create, as the potter does with the clay, than merely make assembly-line carbon copies of the past. Change is all around us, pressing in on us to conform and go forward, or remain the same and drop back. Fortunately, there is a third alternative: to create that change, to create that future, to build for tomorrow, not as the phoenix rising from the ashes, but as the architect designing a masterpiece which is both artistic and utilitarian.

The excitement of the unknown, that empty world which is to be filled with our creations, is found in the challenges we face along the journey to the future. The spirit in which we meet those challenges will determine our shaping of that world. Will we be able to collaborate successfully with other professions? How creative will we be in managing diminishing resources? Will we master the technology of the information age? Will we be leaders in returning spirituality to the work place and values to the classroom? Will our scholarly research demonstrate the difference we make in lives? Will we accept the challenge of striving for inclusion and diversity in a pluralistic society? Will we have

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unity in purpose and action? The 21st century awaits us to leave our imprint on its roads, to accept those challenges and make those changes, to write our history, to fill the world with our certainty, and to shape our future.

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"Ours is a profession
that is action-oriented and
future-oriented, proud of its past
but
not fearful of change."

– Benjamin Reddish, Jr.

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"Counseling: The Future Is Now"
CACD JOURNAL
1986
Fullerton, California

Measurable Outcomes of Personnel and Guidance Services

Anita M. Mitchell

A logical and practical call to action introduces a special journal issue on measurable outcomes.

As community involvement in educational decision making escalates, the term "accountability" becomes the theme of the day. Computer technology has become big business and at the same time that educators are increasingly process-oriented, the lay public is insisting that the product be evaluated. State testing programs both cause and result from increased lay participation in all educational activities.

This theme issue is addressed to all divisions of CPGA. Although the state testing program and the imminence of the implementation of PPBS (Planning Programming Budgeting Systems) have focused educators' attention on the need for developing criterion measures in order to avoid being evaluated on the basis of normative data, the trend toward forcing formalized "proof of effectiveness" upon all agencies is apparent.

Because our activities lie mainly in the affective domain, we have a tendency to beg the issue by declaring that we are dealing with intangibles which defy measurement. The articles in this journal issue give evidence to the fact that we can quantify some of the outcomes of counselor-client relationships. Although it is natural to resist an evaluative procedure imposed from without, implementation of some of the techniques suggested may bring our roles into sharper focus as learning facilitators and help us select those activities and techniques which are most effective. It is increasingly evident that many forces converge to effect change in a client; typically counselors have worked with the client in isolation, and have sent him back to his environment hoping that a change has taken place. There is little evidence that such activity has been productive. When school counselors assume the role of learning specialist in collaboration with the teacher, counselor intervention produces measurable outcomes in terms of such variables as attendance, achievement, reasoned decision-making, and adjustment. In other settings, employment counselors, rehabilitation counselors, counselor educators, and so forth accept a collaborative role. It is not necessary to identify the degree of impact our actions have had on a client, as long as we show that the client has changed for the better as the result of our intervention; the fact that we have involved significant others in the intervention process does not degenerate our efforts but rather gives evidence of our expertise as behavioral scientists and practitioners.

School counselors have many models to guide them in their search for criterion-referenced evaluative instruments and techniques: H. B. McDaniel's Youth Guidance Systems, a CEEB and CASSA sponsored modified systems approach to the development of a model guidance program; Tom Smith's (Covina Valley Unified School District) Computer Assisted Guidance System; Murray Tondow's (Palo Alto Unified School District) creative use of the computer as a helper in the guidance process; Frank Wellman's (University of Missouri) Taxonomy of Guidance Objectives; and the work

Reprinted with permission from CPGA Journal II (2), Winter 1969-70, p.2.

Anita M. Mitchell, 1969-70 President-Elect, California Personnel and Guidance Association (now the California Association for Counseling and Development).

of such specialists as Sam Reed at California Test Bureau and James Costar of Michigan State.

We hope that the following articles will answer some of your questions, stimulate your thinking, and add significantly to your repertoire of techniques.

"The counseling technique is only as good as the desired and measurable outcomes it achieves."

– Dorlesa Barmettler Ewing

• • •

"Eclectism for Outcomes"
CACD JOURNAL
Fall 1971
Fullerton, California

A Study of Counselor Education in California

Martin Gerstein

The California State Legislature adopted a resolution in support of increasing the number and upgrading the skills of vocational counselors, and required a study of alternative methods of expanding training programs. Semi-structured individual and group interviews conducted with counselor educators, directors of pupil personnel services and guidance, school counselors, school counselors in training, and students led to five major sets of recommendations.

During a recent session of the California State Legislature, an assembly concurrent resolution was enacted which indicated that there was a need to increase the number of available vocational counselors in California, and to upgrade their skills. This resolution required that a study of alternative methods of expanding programs for training vocational counselors be conducted by the California State Department of Education. The Bureau of Pupil Personnel Services within the Department was assigned the task of carrying out the study.

In recent years, the problems associated with defining the proper role, function, and education of the counselor, with respect to vocational counseling, have been considered by numerous individuals as well as by professional groups and associations. It has been suggested that the theory and processes of vocational guidance and counseling are in need of reconceptualization. The term "vocation" today is more and more applied in a broad sense and connotes career development activity which involves sequential services for all students as a major counselor function. Such a philosophy has implications for the training of counselors.

The concept of the counselor's role which is held by the Bureau of Pupil Personnel Services is that the purpose of having a counselor in a public school is to serve the developmental needs of all students. The Bureau would hold that since all students are expected to make planful, considered educational and vocational decisions, the techniques and skills that the school counselor acquires to facilitate students in arriving at these goals, and the ways in which the counselor is to be trained, must have clear definition if the guidance movement is to retain public support.

Purposes

The purposes of the study were therefore:

1. To survey the programs offered in California institutions to candidates for the Designated Service Credential with counseling authorization, to determine how fully they are being prepared to perform vocational counseling in public schools.
2. To survey the inservice education of counselors with respect to this function.
3. To explore alternate methods of expanding programs for training vocational counselors.

Reprinted with permission from CPGA News Journal, 1(1), Fall 1968, pp. 11-15.

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4. To offer recommendations to strengthen programs and remedy apparent weaknesses where indicated.

With the mandate of the legislature clearly stated, six specific objectives were prepared for the study:

1. To collect information about the character and quality of college programs of study in the area of vocational guidance and counseling.
2. To discover whether there are trends in counselor education and in practice that are significant to the practice of vocational guidance and counseling.
3. To determine the extent and character of inservice education available for counselors to increase their knowledge in the area of vocational guidance and counseling and to discover what further efforts are needed.
4. To point out exemplary practices in vocational counseling in California secondary schools which are uncovered in the process of study (contained in the full report to the Legislature).
5. To seek feasible alternate methods of expanding programs for training vocational counselors.
6. To prepare a written report of the findings and recommendations of this study for the California State Legislature.

Procedure

A questionnaire was developed to determine the attitudes and opinions of four groups engaged in guidance and counseling, with respect to the competency of counselors and the training needs of counselors to perform vocational counseling in the public schools. These groups were counselor educators, directors of pupil personnel services or directors of guidance, school counselors, and school counselors in training. The questionnaires were administered independently in a series of semi-structured individual and group interviews which were held with persons in each of the four categories. All of the interviews were tape recorded and an attempt was made, in preparing the report for the Legislature, to quantify the information obtained by interview and to incorporate it with the results of the questionnaires.

It was also believed that student opinion would be valuable in assessing the strengths of vocational counseling in the public schools. A sample of high school seniors and junior college freshmen and sophomores completed a questionnaire of student awareness of guidance services. They also participated in a series of semi-structured interviews aimed at determining student perception of counselor effectiveness in vocational counseling. These results were likewise incorporated into the final report which was prepared for the California State Legislature.

The study was carried out during a 4-month period from October 1966 to January 1967 with the cooperation of 24 educational institutions in California. Included were eight colleges and universities which prepare school counselors, eight unified and union high school districts which employ counselors, and eight junior college districts which employ counselors in their schools. The selection of participating schools and institutions was not random and no claim was made that they were representative of the total population of schools. The conclusions of the study should be evaluated with this fact in mind.

The college sample was believed to be adequate, since it represented almost half of the programs and half of the counselor educators working in California institutions of higher education. The secondary school sample, eight schools of hundreds of possible choices,

represented 2% of the secondary population of secondary school student population in California secondary schools. The junior college sample paralleled the secondary school sample. The sample was essentially urban; the basis for choice was to provide a group of colleges which provided training for counselors, and a group of secondary schools and junior colleges which had operating programs in vocational guidance. Each of the school districts had achieved some prominence in its program of guidance services, according to the opinions of consultants in the Bureau of Pupil Personnel Services. These schools and colleges were deemed capable of supplying information and opinions of the kinds sought by the study. The institutions were located in various parts of the state. The sample included both public and private training institutions, those having new programs and those having long-established ones. The school districts involved were either moderate or large in size.

Findings

There were 54 full-time counselor educators employed on the general counseling faculty in the eight training institutions which were visited in the same course of the study. Of this number, about half indicated that their background of professional experience included service in public school counseling. The professional work background of the counselor educators represented the full range of behavioral sciences, with emphasis in the areas of teaching, educational psychology, counseling psychology, and clinical psychology. It was clearly indicated, as a result of the study, that the route to the credential which authorizes service as a counselor in the public schools, for most individuals in California, is through part-time study. The ratio of part-time to full-time counselor education students in the eight institutions which were visited approached 6 to 1. These data suggested that counseling has not been a primary professional objective for prospective counselors, and that the training is received as an adjunct to full-time employment as teachers or teacher-counselors.

It was also revealed that the ratio of full-time equivalent counselors to students is improving. The counselor-pupil ratio figures in both the secondary schools and junior colleges were the most favorable California has ever had. The reader should be reminded, however, that the ratios were determined on the basis of a limited sample of secondary schools and junior colleges in California.

A surprising finding was that nearly half of the secondary and junior college counselors who were surveyed in this study had developed a counseling specialty. In many cases, these specialties were revealed to be functional and performed by the individual in place of general counseling. The most frequently mentioned specialty was vocational counseling. This was true in spite of the fact that the number of courses offered in the training institutions directly related to vocational counseling were few. Text materials for the specific courses which were offered were quite varied. Only a few of the institutions surveyed required a text in occupational information. The amount of labor market and career planning materials available in each institution varied tremendously. In one situation, sample materials were merely filed in the library of the school of education, seemingly unrelated in any way to the program of counselor education. In another situation, a well-developed up-to-date laboratory of occupational materials was utilized in the process of instruction.

The subjective findings, based upon the interview situations with counselor educators, school counselors, directors of pupil personnel services, school counselors in training, and students, suggested that that area of counselor education curriculum which deals with vocational counseling is in need of some extensive revision and improvement. There

was also found to be a need for more and better inservice training programs for counselors. A suggestion was offered by the participants that state-supported demonstration centers which exemplify good vocational guidance practice be established around the state as a way of encouraging the development of better service to students. A further finding was the reiteration of the fact that students need labor market and occupational information. The participants rejected the notion that occupational information is so specific and changeable that it cannot be taught in preservice training programs. They also rejected the frequently heard contention that the interests of secondary school students are too changeable for such information to be of much value. These findings are expanded in the total report mentioned earlier. The reader is encouraged to review the full set of objective and subjective information.

Recommendations

Five recommendations were offered to the Legislature as representative of those that appeared to be most appropriate to implement the primary resolve of the Assembly resolution, namely, that alternative ways of expanding programs for training vocational counselors be found. These five recommendations were:

Recommendation 1

Additional funds should be provided by the Legislature to the public schools. These funds should be earmarked for the following purposes:

1. To improve the ratio of counselors to students.
2. To improve and extend physical facilities and materials for guidance and counseling.
3. To provide released time for counselors to work in the local community for the purpose of studying the labor market.
4. To provide for the assignment of a credentialed counselor in each secondary school as a full-time specialist in vocational guidance.
5. To provide counselor aides or guidance information technicians to assist the regular counselors.

Recommendation 2

The State Department of Education, specifically the Bureau of Pupil Personnel Services, should develop and conduct regional inservice workshops for school counselors which focus upon local labor market information and career planning activities. The cooperation of the California State Department of Employment should be enlisted in these activities. Workshops might deal with such specific topics as educational planning (including a description and in-depth study of junior college and trade school offerings), entry employment (a description and in-depth study of entry jobs in a given geographical region), and theory and procedures of vocational choice (study of recent research on career development theory and of the use and application of occupational information).

Recommendation 3

At the state government level, an interdepartmental committee on vocational guidance should be established. Departments such as Education, Employment, Industrial Relations, Rehabilitation, and Social Welfare employ counseling personnel who deal with vocational guidance. The need for expanded training programs would be an appropriate subject for consideration by such an interagency committee.

Recommendation 4

Local school districts should expand their vocational guidance activities, such as by:

1. Increasing the time available for counselors to study the business and industrial community.

2. Conducting inservice education programs to assist counselors to become better informed about the importance and the techniques of vocational guidance in the counseling program.
3. Encouraging Youth Opportunity Center counselors and other agency counselors (Social Welfare, Rehabilitation, and so forth) to participate in the school vocational guidance program.

Recommendation 5

The colleges and universities which prepare counselors should:

1. Evaluate their course offerings in the area of vocational and career planning and strengthen them as needed.
2. Work cooperatively with the State Department of Education on the development of programs at the bachelor's level or below to prepare counselor aides who would deal essentially with information – its collection, collation, and transmission.
3. Establish, if an emergency exists, a short-term (6-8 weeks) full-time program for counselors of out-of-school youth, for example, Job Corps counselors, followed by weekly continuous inservice training at the completion of the basic course of study.

"The 'in' word
in guidance and counseling programs
is now accountability.
How do we
justify the existence of programs
in terms of
performance/behavior output
versus dollars and cents?"

– Henry J. Heydt, Jr.

• • •

"The Sacramento Scene"
CACD JOURNAL
Winter 1969-70
Fullerton, California

Feature . . .
Professional Practices in Counseling . . .

"Professional Practices in Counseling" highlights functional techniques, procedures, points of view, and pointers for applications in various settings within the counseling profession.

Guidelines for Counseling Parents of Children with Disabilities

Harold C. Griffin, Joseph C. Ciechalski, and Linda Wheeler

Guidelines for conferencing for counselors are suggested to assist parents coping with the needs presented by children with disabilities. In addition, intervention guidelines are mentioned to assist parents to develop greater self-confidence in their ability to parent their children with disabilities.

The presence of a child with a disability often creates hardships and challenges for the family, and a negative impact on the lives of parents (Turnbull & Turnbull, 1986). The disability may be a painful reminder to parents of the vulnerability of their child. Parents of children with disabilities frequently look to the future with apprehension and focus on the present or past (Hornby, 1994).

This article includes conferencing guidelines which can be used by counselors in their work with parents of children with disabilities. Additional alternatives are presented for helping parents to develop confidence and self-esteem in family interaction.

Conferencing Guidelines

A number of conferencing guidelines can be used by counselors with parents of disabled children. Counselors can:

1. Use the communication skills of listening, attending, questioning, clarifying, and supporting with parents and family members.
2. Avoid hasty attempts at problem solving or advice giving.
3. Avoid attempting to convince family members that a child with a disability is good for them.
4. Help parents and family members to realize the potential impact of a child with a disability.
5. Encourage parents to share feelings about having a family member with a disability.
6. Urge parents to develop other interests.
7. Avoid a negative response to possibly unrealistic goals set by family members.
8. Avoid the use of guilt to motivate parents.

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9. Remind parents that the child with a disability is one member of the family who should be responded to as other family members are.
10. Focus on the present and future with parents.
11. Assist parents to clarify their feelings and beliefs.
12. Provide parents with alternatives for change as well as assistance in making change.
13. Encourage joint decision making between parents and professionals in areas which have long term implications (Gesturicki, 1992; Simeonsson & Simeonsson, 1993; Simpson, 1996; Webster & Ward, 1993).

Alternatives for Intervention

Through specific interventions, counselors can help parents of disabled children to develop self-confidence in parenting through involvement in the outside world. Counselors can:

1. Introduce parents to other parents of disabled children.
2. Involve parents in parent organizations such as the Association for Retarded Citizens, United Cerebral Palsy Association, Learning Disability Association of America, and others which frequently are effective change agents for the rights and services of children with disabilities (see Appendix for contact information).
3. Support parents' feelings that their actions are productive on behalf of their children.
4. Assist parents to become more knowledgeable about their child's disability.
5. Assist parents to locate parent programs (often called Parents Supporting Parents) which link experienced and new parents of disabled children, provide information about disabilities and community resources, and help to refer children for services.
6. Refer parents and their support organizations to one of the centers of the Technical Assistance for Parent Programs Project (TAPP).
7. Train parents to be members of intervention teams.
8. Develop parental skills to be effective change agents for family members.
9. Assist parents to communicate more effectively with professionals serving their children (Simpson, 1996; Turnbull, Turnbull, Shank, & Leal, 1995; Zigler, 1996).

Conclusion

Counselors use communication skills and interventions to assist parents of children with special needs. These interventions can be of great benefit to families in coping with the challenges of their children. Counselors can assist families in accepting their children. Such acceptance includes family participation in activities which will integrate them into society and assist them to learn about community support services from experienced parents of children with disabilities. Family-oriented programs help to enhance a sense of collaboration, protect family integrity, strengthen family functioning, and support proactivity in human service practices (Dunst, Hohansson, Trivette, & Hamby, 1991). Finally, counselors can assist parents by being realistic sources of family support. Realism helps parents to develop positive plans for the future for their children with special needs. Three guiding principles may be helpful to counselors working with parents of disabled children: life is to be lived now; time is an ally; and competence of a family make a difference (Simeonsson & Simeonsson, 1993).

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Appendix

Association for Retarded Citizens, 500 East Border Street, Suite 300, Arlington, TX 76010

Federation for Children with Special Needs, 95 Berkeley Street, Suite 104, Boston, MA 02116

Learning Disability Association of America (previously Association for Citizens with Learning Disabilities), 4156 Library Road, Pittsburgh, PA 15234

United Cerebral Palsy Association, Inc., 1522 K Street, NW, #1112, Washington, DC 20005

"Just as teachers do classroom research so must counselors do counseling research, write, and publish our successes.
We must identify, clarify, and expose our strengths to students, colleagues, and the community."

– Marcelino Saucedo

• • •

"Beyond the Counselor Educational Plan"
Ethics Exchange
CACD COMPASS
September 1991
Fullerton, California

Grief and Loss: Client Resistance in Group Sessions Based on Value and Cause

Gene E. Bennett and Rhonda K. Alvarez

Current counseling techniques do not adequately address loss-value or cause-resistance of clients in grief and loss sessions. Clients may hesitate to participate in the sessions due in part to their feelings of guilt, shame, or embarrassment as to the cause or perceived value of the loss. Research in grief and loss management is needed.

In grief and loss group counseling, clients may hesitate to participate because they feel their loss may not seem important to other group members. Client resistance may also be due to shame, guilt, or embarrassment because of the type of loss or the way in which the loss occurred. The purposes of this article are to present some of the possible reasons for client resistance and to highlight areas of action and study for professional consideration. Counselors need to be aware that certain counseling techniques used in a bereavement session may cause the client to withdraw, not participate, or leave the group.

Current literature about grief and loss mainly addresses human death and dying. Most literature outlines a grieving cycle which begins with the loss itself, moves through a sense of shock, progresses through states of disorganization and reorganization, and finally resolves into acceptance or recovery (Deits, 1988; Kubler-Ross, 1971; Stephenson, 1994). This process is cyclic in that individuals vary in their speed through each stage and through the cycle as a whole. People also may skip or repeat stages. Although this cycle is usually thought of in terms of the loss of a loved one, people experience other types of loss with differing values (Stephenson, 1994).

Value of Loss

According to Stephenson, loss does not necessarily refer to the loss of a person. A person may feel grief over the loss of anything of value. He defined value as a special significance placed on anything a person decides is important, for example, "love objects" such as toys, pets, or material goods that signify success. A love object could be a person, place, or thing.

Stephenson also stated a loss could also include a part of self. This loss is central to the individual's being, for example, a part of the body, the ability to do tasks, physical or mental capabilities, or roles that the person filled. One example of loss could be the empty nest syndrome in which the mother has somewhat lost the role of being a parent.

The counselor's role is not to place value on a loss for the griever, but instead to approach the loss with the same value, thereby validating the griever's feelings. For example, the loss of a pet is a common and upsetting loss to children. Many parents, however, fail to validate their child's feeling, offering instead a replacement pet. This underestimates the value the child placed on the loss and cuts short the grieving process, disrupting the cycle so that it will not continue to the recovery phase. This may also happen with objects, such as a family heirloom. Not all losses are replaceable–substitutes may be inadequate.

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Loss of mobility due to illness, serious injury, or advanced age can also produce grief. The person may experience the loss of what could have been done in the future. Isolation and exclusion may compound the grief experience, since the person is no longer an active participant in some things he or she used to do. It is important in grief therapy for the counselor not to discount the loss. Counselor understanding of the value of the client's loss will encourage the client to continue in the therapy process, while belittling the value will inevitably seclude and cut off the client.

Stephenson (1994) stated that grief is not entirely caused by death and dying, and further suggested that more research is needed in the field of loss management

Causes of Loss

Research into the causes of loss is lacking. However, the author has observed situations that suggest cause to be important in grief therapy. During exit interviews and one-on-one sessions following group grief counseling, the author discovered the reasons behind the lack of participation of some clients. Most of the reasons were due to shame or embarrassment related to the cause of the loss. In one case, a client stated one parent had killed the other. In another, the client said the police had killed a parent during the commission of a crime. Another client's parent had committed suicide. In these cases, the clients felt embarrassed over the circumstances of their loss; their situations were outside the norms of the group. Abortion and removing life support are becoming ethical questions for increasingly more people (Cunningham, 1996; Santrock, 1995). The guilt these decisions may incur can inhibit the natural progress of grief. Consequently, these clients may feel unable to participate in group discussion.

Other causes of embarrassment, shame, and guilt related to loss are those of divorce, separation, and custody battles. Often this guilt disables a client from discussing grief. In one important example, a father had been put in jail for molesting his child, and the mother had then filed for divorce. From the child's point of view, grief over the loss of the father and the marriage was compounded by the guilt this child felt over the molestation and disclosure of this situation to the mother. Feelings related to the causes of the loss played an important role in the group setting. This example supports the need for more research in this area.

Gender may also be a cause of a client's nonparticipation in a group setting. Males and females tend to deal with grief differently, making a mixed group uncomfortable for some. According to Golden (1994), separating the sexes in group therapy fosters participation. He stated: "It also honors the difference in grieving styles between men and women by allowing the opportunity for each to be near those who grieve as they do" (p.33). Not only do males and females participate more among their own gender, but they can also be more mutually healing to each other.

Recommendations

These observations were limited to students between the ages of 12 and 14 of mixed gender and culture. Nevertheless, this author proposes the following recommendations as applicable to any grief therapy group setting:

1. Counselors need to examine their own perceptions of loss value.
2. A screening device, such as a written questionnaire, must include those elements which might suggest the possibility of conflict within a group based on value and cause.

3. Grief groups should be divided by gender to obtain greater participation by the members.
4. Further study is needed in the areas of value and cause of loss.

Summary

There is a significant lack of study in the area of grief counseling due to the cause and value of a loss. Both cause of loss and value of loss have the potential for limiting participation in a grief therapy group setting. Counselors should be aware that the client's perceived value must be validated and approached from the same value level. They should also consider the cause of the loss, and discontinue pursuing the issue in a group setting if the client experiences guilt or embarrassment.

To avoid possible conflict within the group, counselors need to take steps to reveal problems in these areas prior to forming the group by means of an effective screening device. With appropriate screening, many of these conflicts and the lack of participation may be avoided by revealing that a client should be in a one-on-one session instead of a group setting. These approaches should prove useful to counselors in the grief therapy group setting.

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"Being professional is a way of living,
not a set of abstract standards.
It is who you are
more than what you do
or what others observe you doing."

– C. Gilbert Wrenn

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"Growing Into A Professional"
CACD JOURNAL
1987
Fullerton, California

Feature . . .
The Personal Side of Counseling . . .

"The Personal Side of Counseling" highlights feelings, opinions, and attitudes within and about the counseling profession.

Making a Difference

Bernadine Craft

People are the heart and soul of the association.

Now that the Orlando convention is nothing but a pleasant memory, and I approach my last President's article, I'm continually amazed at my rather notable lack of discipline! I've always been a world class procrastinator (have no idea how I even functioned in those hazy days before FAX and e-mail!), but my approach this time is somewhat different. I think I may be overwhelmed with all the thoughts I want to communicate in this last article, and intimidated by a desire for the "last one to be the best"–similar feelings to those when beginning a dissertation!

At any rate, as I now find myself actually seated at the computer, I'm suddenly reminded of an experience I had this fall. In addition to procrastination I can also include among my sterling qualities that of preoccupation – I'm the kind of person who gets in the car fully intending to drive home, and is stunned when the realization hits that instead of home I've just arrived at the office! I was in this sort of self-absorbed mood returning from a meeting in another community. I had a map and instructions, so had found the meeting easily, but afterwards I was lost in thought and just started driving. I came upon a street that sounded familiar and turned onto it. I was struck by the glory of the late fall day as I drove along what was a truly breathtaking tree-lined street, enjoying the beauty and serenity of the moment. That was until I realized that I had never been that way before, and didn't have the slightest idea where I was! Hopelessly lost (which is easy for me!), I wandered aimlessly for what seemed eternity until I finally located a familiar main thoroughfare that took me home. Headed in the right direction at last, I thought how often this experience imitates life. You turn down a gentle, beautiful path and you love it. But, after a while, you look up and find that no matter how welcoming that path seems, it is not taking you where you thought you were going, and you must find the cross street that will lead you in the right direction.

I think it is easy to find ourselves traveling sweet paths that take us to dead ends. I don't even need to be driving to find myself derailed! And times such as this remind me what a truly undisciplined person I really am; I need to constantly be on guard for those occasions when this lack of discipline surfaces and consumes my life. Goal setting should not be just something we do at workshops or as a "ho-hum" paper exercise. It should be the very essence of ourselves, the one tangible thing that can transform our dreams into reality. And even when we have our master plan, we need to be ever mindful of those delicious distractions that sway us from the course–the age-old battle of immediate ver-

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Bernadine Craft, 1996-97 President, Association for Humanistic Education and Development, Rock Springs, Wyoming.

sus delayed gratification. For me, the most serious distraction is not only procrastination, but overcommitment: that unceasing "busyness" that successfully distracts me from more important issues. St. Francis de Sales probably said it best: "While I am busy with little things I am not required to do greater things."

Perhaps this could be further interpreted to mean that, while we must guard against the distractions that sway us from our purpose, we must also be mindful that there are always those critical distractions. We must remember that there is no way to make one's way through life without interruptions to our master plans. If we are not able to work interruption into our schedules then we are not really living; we're merely punching a time clock. Integral interruptions which come to mind are things such as the nurture of family, the feeding of friendships, the communication with the lonely, the encouragement of the disheartened, the celebrations of life, the watering of plants, and the caressing of cats.

We as counselors live with interruptions in our professional lives; rarely do crises happen during scheduled appointment time or normal business hours. Which of us has not answered a ringing phone in the middle of the night to calm hysteria, or squeezed in the emergency visitor, or provided ideas for the frantic student? Our professional lives are never calm, well ordered and scheduled – the paper work that was on my desk at 8:00 a.m. is invariably there at 5:00 p.m., with me having little idea where the day went. Why can we not approach our personal lives with the same sense of priority? If we say we're humanists, is it perhaps not time for us to behave a bit more humanistically? This is not to say to put everything on hold while you smell the lilacs (although they do only appear once a year!), but it is to say to find time in your schedule for the business of life and not just the busyness of life. Those of us in the helping professions need to remain aware of the constant threat of burnout, and of how little use we are to anyone when we ourselves are physically and emotionally drained. We need also to remain aware that we are in the people business–not only clients, but family, friends, and colleagues–let us remain sensitive and try diligently to avoid those myriad distractions that will veer us from our humanistic course.

As I reread these musings, I'm painfully aware of my woeful inadequacies in this area– I certainly manage to effectively tune out my own preachings a good portion of the time. But, if this year has taught me anything, it has been to attend more to this all-important concept of the priorities of life, and to remind myself continually to guard against the little things that effectively insulate me from the achievement of greater things. I have far to go in my priority realignment but, as we so often tell clients, at least I'm aware of my problem!

Reflecting upon my year as AHEAD President, these thoughts take on ever greater clarity, as I realize that the memories I will always cherish have nothing to do with meetings, minutiae, or memos, but rather with people–with all of you, who are in fact the heart and soul of the association–those of you who gave so tirelessly of your time and talents to make AHEAD [Association for Humanistic Education and Development] a division which has become for me a source of great pride. I hesitate to make lists, lest I overlook the obvious, but I will always remember the *Journal*, *Infochange*, the Empty Plate, human rights, the Executive Board, the budget, the exhibit booth, the brunch, the reception, and so forth for the individuals who are associated with these projects–the individuals who bring life to lists and meat to meetings. I have felt tremendously privileged this past year to be surrounded by colleagues who are also friends–truly caring, dedicated professionals and compassionate people who give meaning to the words "Association for Humanistic Education and Development," and who have brought joy to my life through their diligent attention to only the important distractions of life. It has

been a truly enriching experience to serve as the President of such a group. I have been humbled and honored as I muddled along. Thank you for a year of learning, love, and laughter. Thank you for teaching me to look beyond the verbiage and discover what it really means to be a humanist. God bless you all.

"Counselors must turn their attention to setting specific goals, if they are to remain a major force in education."

– Donald J. Dickinson

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"Improving Guidance with Behavioral Objectives"
CPGA JOURNAL
Winter 1969-1970
Fullerton, California

"We must be
the guides and the scouts
that stand boldly
for the knowledge, skills, and wisdom
that will create
a better life."

– John Patterson

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"Career Development: Revolution, Reform, and Renaissance"
CACD JOURNAL
1985
Fullerton, California

CACD JOURNAL

An Official Publication
of the
California Association for Counseling and Development

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California Association for Counseling and Development
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- The author submits an original and four copies of a manuscript no longer than 2,500 words, or about 10 pages with at least 1-1/2 inch margins of double-spaced typewritten copy, including references, tables, and figures, and an abstract identifying the central idea of the manuscript in 50 or fewer words. The author includes a running head on each page of the manuscript. The author submits figures and tables as camera-ready copy.

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CACD Leadership Team Directory
March 1, 1996 – May 1, 1997

California Association for Counseling and Development

President	Darryl Yagi	Petaluma
President-Elect	Mackie Jeffus	Reedley
Immediate Past-President	Wade Hawley	Long Beach
Member-at-Large, Human Rights	Frank Gutierrez	Sacramento
Chief Financial Officer (Ex-Officio)	Robert Godinez	Ontario
Executive Vice President (Ex-Officio)	Richard Hoover	Fullerton

State Divisions

California Association for Adult Development and Aging

President	Elizabeth Stebbins	Aliso Viejo
Member of CACD Executive Council	Gordon Footman	San Marino

California Association for Counselor Education and Supervision

President	Rita Lee	Cypress
Member of CACD Executive Council	Lonnie Rowell	La Mesa

California Association for Humanistic Education and Development

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California Association for Measurement and Evaluation in Counseling and Development

President	Raj Singh	Riverside
Member of CACD Executive Council	Raj Singh	Riverside

California Association for Multicultural Counseling

President	Joe Dear	Sacramento
Member of CACD Executive Council	Joe Dear	Sacramento

California Association for Religious and Value Issues in Counseling

President	Mary Honer	Murrieta
Member of CACD Executive Council	Mary Honer	Murrieta

California Career Development Association

President	Lois Reid	Alameda
Member of CACD Executive Council	Patrick Kerwin	Glendale
Member of CACD Executive Council	Lois Reid	Alameda

California College Personnel Association

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California Rehabilitation Counselor Association

President	Richard Koch	El Dorado Hills
Member of CACD Executive Council	Martin Brodwin	San Gabriel

California School Counselor Association

President	Trish Hatch	Moreno Valley
Member of CACD Executive Council	William Gorback	Thousand Oaks
Member of CACD Executive Council	Trish Hatch	Moreno Valley
Member of CACD Executive Council	Diane Talbot	Tranquillity

CACD Leadership Team Directory
March 1, 1996 – May 1, 1997
(Continued)

State Organizational Affiliates

CACD-Asian-Pacific American Caucus

Interim Chair	Lily Tsuda	Sacramento
Member of CACD Executive Council	Lily Tsuda	Sacramento

CACD-Black Caucus

President	Johnetta Wilson	Fairfield
Member of CACD Executive Council	Benjamin Reddish, Jr.	Stockton

CACD-Hispanic Caucus

President	Leticia Vargas	Dana Point
Member of CACD Executive Council	Marcelino Saucedo	Surfside

CACD-Women's Caucus

President	Eleanore Robinson	Sherman Oaks
Member of CACD Executive Council	Eleanore Robinson	Sherman Oaks

California Adult and Continuing Education Counselor Association

President	Angie Jaurequi	Los Angeles
Member of CACD Executive Council	Angie Jaurequi	Los Angeles

California Community College Counselors Association

President	Robert Segui	San Bernardino
Member of CACD Executive Council	Robert Segui	San Bernardino
Member of CACD Executive Council	Jan Swinton	Glendale

State Chapters

Delta Sierra Association for Counseling and Development

President	Carrie Guadagnolo	Stockton
Member of CACD Executive Council	Carrie Guadagnolo	Stockton

Los Angeles County Personnel and Guidance Association

Northern California Association for Counseling and Development

Orange County Association for Counseling and Development

President	Yvonne Feehan	Laguna Hills
Member of CACD Executive Council	Yvonne Feehan	Laguna Hills

Riverside-San Bernardino Counties Counselor Association

President	Sharon Pring	San Bernardino
Member of CACD Executive Council		

San Diego Association for Counseling and Development

Chairpersons, Liaisons, and Editors

Anne Upton Memorial Fund	Richard Hoover	Fullerton
Awards	Mary Honer	Murrieta
COMPASS	Warren Sapp	Ontario
Convention	Richard Hoover	Fullerton
Education Foundation	Robert Godinez	Ontario
Finance	Robert Godinez	Ontario
Graduate Students	Cindy Richardson	Rohnert Park

CACD Leadership Team Directory
March 1, 1996 – May 1, 1997
(Continued)

Chairpersons, Liaisons, and Editors (Continued)

H. B. McDaniel Foundation	Jackie Allen	Fremont
	Robert Godinez	Ontario
	Richard Hoover	Fullerton
Human Rights	Frank Gutierrez	Sacramento
Human Rights Award	Frank Gutierrez	Sacramento
JOURNAL	Pat Nellor Wickwire	Hermosa Beach
Legislative Relations Award	Martin Rosenberg	Sacramento
Membership/Marketing	Mackie Jeffus	Reedley
Nominations/Elections	Wade Hawley	Long Beach
Policy and Procedures	Wade Hawley	Long Beach
	Gordon Footman	Murrieta
Professional Development	Mary Honer	Long Beach
	Winifred Strong	Laguna Hills
Professional Position Referral	Wade Hawley	Long Beach
Professional Standards/Ethical Practices	Jan Swinton	Glendale
Public Policy and Legislation	Martin Rosenberg	Sacramento

CACD Headquarters Staff

Executive Vice President	Richard Hoover	Fullerton
Office Manager and Cashier	Sharon Barth	Fullerton

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